



\*Please turn into the Wadsworth Y front desk upon registration

# Program Enrollment Form

**Payment must accompany registration form.**

**Fee: \$40/\$60**

\_\_\_\_\_  
First Name      Last Name      Gender / Age & Grade      Youth Futsal League \_\_\_\_\_  
Program Name

\_\_\_\_\_  
Street Address      City      State      Zip

\_\_\_\_\_  
Guardian Home phone #/      Guardian Work Phone # /      Guardian Cell #

\_\_\_\_\_  
Email address      School AND Current grade      YS YM YL AS AM AL  
Player TSHIRT SIZE (circle one)

### Volunteer coaches are the heart of YMCA Programs!

I am willing to assist the program as a head coach: \_\_\_\_\_ (Adult tshirt size: S M L XL XXL)

I am willing to assist the program as an assistant coach: \_\_\_\_\_ (Adult tshirt size: S M L XL XXL)

I am willing to assist the program as a referee: \_\_\_\_\_ (Adult tshirt size: S M L XL XXL)

You may request one teammate. <i>*It is not a guaranteed request.*</i>	How many years has your child played organized soccer?	Night (s) of the week <u>cannot</u> practice (at 7:00p M-F)
Name: _____	_____	_____

### Disclaimer/ Hold Harmless Statement/ Photograph/ Permission to Transfer to Hospital [Must sign bottom of form]:

I/we understand that there is risk of serious injury associated with YMCA facilities, participation in YMCA programs and use of exercise equipment and other equipment. As a condition of participating in a program I agree to assume the risk of injury arising from use of facilities, programs, equipment and for all matters at all YMCA locations programs whenever occurring. On behalf of myself and heirs, administrators/executors, I hereby release and hold the YMCA and its officers, trustees, staff, agents, and contractors, harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program/facility without this agreement. I authorize the Akron Area YMCA or its designees, agencies and contractors to create, have and use photographs, slides and videotapes using my image for its record keeping or marketing/public relations programs. In the event of reasonable attempts to contact me have not been successful, I hereby give my consent for minors named on application to be transferred to any reasonably accessible hospitable. Facts concerning child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted are:

➡ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PAYMENT OPTIONS: Cash, credit card, check accepted at the Wadsworth YMCA or pay by mail by using credit card or check made out to "Wadsworth YMCA"**  
**NAME ON CREDIT CARD:** \_\_\_\_\_

**Payment: VISA** \_\_\_\_\_ **Mastercard** \_\_\_\_\_ **Discover** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Exp. date** \_\_\_\_\_ **\*Security Code on back:** \_\_\_\_\_  
[must have in order to process]

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Enrollment form and payment must be sent or dropped off at the Wadsworth YMCA, 623 School Dr. Wadsworth, Ohio  
For more information contact Ryan Reavy, Program Director 330-334-9622 or ryanr@akronymca.org.